

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-003930

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

1080

STATE FILE NUMBER

FILED FEB 8 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR

TOWN

St. Louis

Length of stay in 1b

4 days

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR

INSTITUTION

Deaconess Hosp.

Inside Limits

Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

St. Louis

admission)

c. CITY

OR

TOWN

Webster Groves

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

474 Florence

(If outside, give location)

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Middle

Last

MARY

MARGARET

O'CONNELL

4. DATE

OF DEATH

Month

Day

Year

Jan. 31, 1962

5. SEX

F

6. COLOR OR RACE

W

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

6-5-13

9. AGE (last birthday)

49

IF UNDER 1 YEAR

Months

Days

Hours

Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

At home

11. BIRTHPLACE (City and state or country)

Moberly, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

C. Earl Porter

13b. MOTHER'S MAIDEN NAME

Viola Louise Solomon

14. NAME OF HUSBAND OR WIFE

C. H. O'Connell

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

C. H. O'Connell, 474 Florence

18. CAUSE OF DEATH (Enter only one cause of death)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Uremia

INTERVAL BETWEEN ONSET AND DEATH

1 wk

Conditions, if any, which gave rise to above cause (a), stating the underlying cause (last).

DUE TO (b)

Septicemia

2 1/2 mo

DUE TO (c)

unknown (Blood Cultures neg)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

0534

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 11-9-62 to 1-31-63 and last saw her alive on 1-31-63

Death occurred at 9:05 A.M. m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Typed or title)

22b. ADDRESS

22c. DATE SIGNED

Stanford Phillips MD

6825 Clayton Ave

2-1-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

2-4-63

23c. NAME OF CEMETERY OR CREMATORY

Resurrection Cem.

23d. LOCATION (City, town, or county)

St. Louis Co., Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Parker-Aldrich, Webster Groves

25. DATE RECD. BY LOCAL REG.

FEB 1 1963

26. REGISTRAR'S SIGNATURE

Earl Smith, M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR

TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Leslie Welch

Licensed Embalmer No.

4395

P. O. Address

Whiter Groves Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.